

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Mills, Julie A.		Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4662		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 628 W. 65th St. Westmont IL		Street Address of Joint Debtor (No. & Street, City, and State):
		ZIPCODE 60559
County of Residence or of the Principal Place of Business: DuPage		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):
		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE		ZIPCODE
Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (5B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information		THIS SPACE IS FOR COURT USE ONLY
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Julie A. Mills
All Prior Bankruptcy Cases Filed Within Last 8 Years		(If more than two, attach additional sheet)
Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor		(If more than one, attach additional sheet)
Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition	X <i>/s/ Bernard P. Mulvaney Sr.</i>	08/29/2008 Signature of Attorney for Debtor(s) Date
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
(Name of landlord that obtained judgment)		
(Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Julie A. Mills
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ Julie A. Mills Signature of Debtor</p> <p>X Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney)</p> <p>08/29/2008 Date</p>		Signature of a Foreign Representative <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X (Signature of Foreign Representative)</p> <p>(Printed name of Foreign Representative)</p> <p>08/29/2008 (Date)</p>
Signature of Attorney* <p>X /s/ Bernard P. Mulvaney Sr. Signature of Attorney for Debtor(s)</p> <p>Bernard P. Mulvaney Sr. 6184734 Printed Name of Attorney for Debtor(s)</p> <p>Bernard P. Mulvaney Sr., Ltd. Firm Name</p> <p>7001 West 127th Street #201 Address</p> <p>Palos Heights IL 60463 Telephone Number</p> <p>708-671-2000 Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		Signature of Non-Attorney Bankruptcy Petition Preparer <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p>X</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>
<p>Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>08/29/2008 Date</p>		

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re **Julie A. Mills**

Case No.
Chapter 7

Debtor(s)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*

[Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency

so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Julie A. Mills

Date: 08/29/2008

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None			None

No continuation sheets attached

TOTAL \$
(Report also on Summary of Schedules.)

0.00

In re Julie A. Mills

Debtor(s)

Case No. _____

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>Cash- Savings</i> <i>Location: In debtor's possession</i>		\$ 200.00
		<i>Cash Checking</i> <i>Location: In debtor's possession</i>		\$ 150.00
		<i>Cash</i> <i>Location: In debtor's possession</i>		\$ 100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		<i>628 W. 65th Street, Westmont, IL 60559</i> <i>Location: In debtor's possession</i>		\$ 815.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X	<i>Furniture- misc. used</i> <i>Location: In debtor's possession</i>		\$ 1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.				
6. Wearing apparel.	X	<i>Clothing</i> <i>Location: In debtor's possession</i>		\$ 1,500.00
7. Furs and jewelry.				

In re Julie A. Mills

Case No. _____

Debtor(s)

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<i>Life Insurance - Cigna Group Term Life</i> <i>Location: In debtor's possession</i>		<i>Unknown</i>
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<i>Chase IRA</i> <i>Location: In debtor's possession</i>		\$ 4,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C.	X			

In re Julie A. Mills

Case No. _____

Debtor(s)

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.				
25. Automobiles, trucks, trailers and other vehicles and accessories.		<i>2003 Pont. Grand Am 60,000 miles Location: In debtor's possession</i>		\$ 3,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

In re
Julie A. Mills
Debtor(s)Case No. _____
(if known)**SCHEDULE C-PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

 Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

 11 U.S.C. § 522(b) (2) 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Cash	735 ILCS 5/12-1001 (b)	\$ 200.00	\$ 200.00
Cash	735 ILCS 5/12-1001 (b)	\$ 150.00	\$ 150.00
Cash	735 ILCS 5/12-1001 (b)	\$ 100.00	\$ 100.00
628 W. 65th Street, Westmont, IL 60559	735 ILCS 5/12-1001 (b)	\$ 815.00	\$ 815.00
Furniture	735 ILCS 5/12-1001 (b)	\$ 1,500.00	\$ 1,500.00
Clothing	735 ILCS 5/12-1001 (a)	\$ 1,500.00	\$ 1,500.00
Life Insurance	735 ILCS 5/12-1001 (f)	Unknown	Unknown
IRA	735 ILCS 5/12-1001 (f)	\$ 4,000.00	\$ 4,000.00
2003 Pont. Grand Am	735 ILCS 5/12-1001 (c) 735 ILCS 5/12-1001 (b)	\$ 2,400.00 \$ 600.00	\$ 3,000.00

B6D (Official Form 6D) (12/07)

In re Julie A. Mills,
Debtor(s)

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
			H--Husband	W--Wife	J--Joint	C--Community	
Account No:							
		Value:					
Account No:							
		Value:					
Account No:							
		Value:					

No continuation sheets attached

Subtotal \$ (Total of this page)	\$ 0.00	\$ 0.00
Total \$ (Use only on last page)	\$ 0.00	\$ 0.00

(Report also on Summary of
Schedules.) (If applicable, report also on
Statistical Summary of
Certain Liabilities and
Related Data)

In re Julie A. Mills

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Julie A. Mills

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: **Taxes and Certain Other Debts Owed to Governmental Units**

Creditor's Name, Mailing Address Including ZIP Code, and Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
			H--Husband	W--Wife	J--Joint	C--Community		
Account No: 6201			X	X	X	\$ 18,672.10	\$ 18,672.10	\$ 0.00
Creditor # : 1 <i>Social Security Administration</i> <i>Great Lakes Program Svc Center</i> <i>600 W. Madison</i> <i>Chicago IL 60601</i>		<i>Over payment</i>						
Account No:								
Account No:								
Account No:								
Account No:								
Account No:								
Account No:								

Sheet No. 1 of 1 continuation sheets attached
 to Schedule of Creditors Holding Priority Claims

Subtotal \$
(Total of this page)

18,672.10 **18,672.10** **0.00**

Total \$

18,672.10

(Use only on last page of the completed Schedule E. Report total also on
 Summary of Schedules)

Total \$

18,672.10

(Use only on last page of the completed Schedule E. If applicable, report
 also on the Statistical Summary of Certain Liabilities and Related Data.)

0.00

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
			H--Husband	W--Wife	J--Joint	C--Community
Account No: 4925				X	X	\$ 43.29
<i>Creditor # : 1 Adventist Hinsdale Hospital POB 9247 Oak Brook IL 60522</i>						
Account No: -001				X	X	\$ 290.11
<i>Creditor # : 2 Adventist Hinsdale Hospital POB 9247 Oak Brook IL 60522</i>						
Account No: 6755				X	X	\$ 20.00
<i>Creditor # : 3 Adventist Hinsdale Hospital POB 9247 Oak Brook IL 60522</i>						
Account No: 4370				X	X	\$ 254.93
<i>Creditor # : 4 Adventist Hinsdale Hospital POB 9247 Hinsdale IL 60522</i>						
19 continuation sheets attached			Subtotal \$		Total \$	
			\$ 608.33			

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
					Disputed
Account No: 4401			X	X	\$ 406.00
<i>Creditor # : 5 Adventist Hinsdale Hospital POB 9247 Oak Brook IL 60522</i>					
Account No: -001			X	X	\$ 100.00
<i>Creditor # : 6 Adventist La Grange Mem. Hosp. POB 9246 Hinsdale IL 60522</i>					
Account No: -001		<i>Malcolm S. Gerald & Assoc 332 S Michigan Ave., Ste 600 Chicago IL 60604</i>			
<i>Representing: Adventist La Grange Mem. Hosp.</i>					
Account No: 2866			X	X	\$ 100.00
<i>Creditor # : 7 Advocate Good Samaritan Hospit 3815 Highland Ave Downers Grove IL 60515</i>					
Account No: 3959			X	X	\$ 1,000.00
<i>Creditor # : 8 Aesthetic and Clinical Derm 908 N Elm St., Ste 309 Hinsdale IL 60521-8608</i>					
Account No: 0099			X	X	\$ 19.40
<i>Creditor # : 9 APEX Professional Corp POB 2312 Orland Park IL 60462 1030</i>					
Sheet No. <u>1</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$		\$ 1,625.40
			Total \$		

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
					Disputed
Account No: 1061 <i>Creditor # : 10 AT&T Universal Card POB 688903 Des Moines IA 50368-8903</i>			X	X	\$ 1,145.69
Account No: 4118 <i>Creditor # : 11 Bank Of America Pob 17054 Wilmington DE 19884</i>		2002-05-01	X	X	\$ 7,539.00
Account No: 4118 <i>Representing: Bank Of America</i>		FIA Card Services			
Account No: 9319 <i>Creditor # : 12 Bank Of America Po Box 1598 Norfolk VA 23501</i>		2002-06-01	X	X	\$ 5,236.00
Account No: 9319 <i>Representing: Bank Of America</i>		FIA Card Services			
Account No: 7402 <i>Creditor # : 13 C.C.S. POB 55126 Boston MA 02205-5126</i>			X	X	\$ 21.90

Sheet No. 2 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 13,942.59

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim	
			H--Husband	W--Wife	J--Joint	C--Community
Account No: 3861 <i>Creditor # : 14 Carson Pirie Scott P.O. Box 17264 Baltimore MD 21297-1264</i>				X	X	\$ 117.00
Account No: 8264 <i>Creditor # : 15 Chase 800 Brookside Blvd Westerville OH 43081</i>		2007-05-01		X	X	\$ 482.99
Account No: 8226 <i>Creditor # : 16 Christ Medical Center 2250 E. Devon Avenue #352 Des Plaines IL 60018</i>		2003-06-01		X	X	\$ 300.00
Account No: 8226 <i>Representing: Christ Medical Center</i>		MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018				
Account No: 8259 <i>Creditor # : 17 Christ Medical Center 2250 E. Devon Avenue #352 Des Plaines IL 60018</i>		2003-06-01		X	X	\$ 350.00
Account No: 8259 <i>Representing: Christ Medical Center</i>		MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018				

Sheet No. 3 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,249.99

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5295 <i>Creditor # : 18 Christ Medical Center 2250 E. Devon Avenue #352 Des Plaines IL 60018</i>		2002-12-01	X	X		\$ 814.00
Account No: 5295 <i>Representing: Christ Medical Center</i>		MRSI 2250 E DEVON AVE STE 352 DES PLAINES IL 60018				
Account No: 1061 <i>Creditor # : 19 Citibank South Dakota P.O. Box 390905 Minneapolis MN 55439</i>			X	X		\$ 1,552.18
Account No: 1061 <i>Representing: Citibank South Dakota</i>		Northland Group P.O. Box 390905 Minneapolis MN 55439				
Account No: 4456 <i>Creditor # : 20 Community Orthopedics 348 Sherwood Ct La Grange Park IL 60526</i>			X	X		\$ 160.00
Account No: 4456 <i>Representing: Community Orthopedics</i>		Robert J. Groya M.D.				
Sheet No. 4 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal \$
						Total \$
						\$ 2,526.18

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim		
			H--Husband	W--Wife	J--Joint	C--Community	Disputed
Account No: 0513 <i>Creditor # : 21 Conroy Ortho & SPT, Inc. POB 68 Flossmoor IL 60422</i>				X	X		\$ 110.95
Account No: U000 <i>Creditor # : 22 Digestive Disease Associates 950 N. York Rd #101 Hinsdale IL 60521-8608</i>				X	X		\$ 15.00
Account No: 7941 <i>Creditor # : 23 Discover Fin Svcs Llc Po Box 15316 Wilmington DE 19850</i>		2002-11-01		X	X		\$ 4,197.00
Account No: <i>Creditor # : 24 Dr. Bijari (N. Care Specialis) 333 Chestnut, #102 Hinsdale IL 60521-8608</i>				X	X		<i>Unknown</i>
Account No: <i>Creditor # : 25 Dr. Frank Kirk 15040 Ravinia Orland Park IL 60462 1030</i>				X	X		<i>Unknown</i>
Account No: 9741 <i>Creditor # : 26 Dupage Pathology Assoc., S.C. 520 E 22nd St Lombard IL 60148-6408</i>				X			\$ 288.00

Sheet No. 5 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 4,610.95
Total \$	
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
						H--Husband W--Wife J--Joint C--Community
Account No: 9741						
<i>Representing: Dupage Pathology Assoc., S.C.</i>		<i>Millenium Med Mangmt Resources 900 Oakmont Lane Westmont IL 60559</i>				
Account No: 6312			X	X		\$ 8.00
<i>Creditor # : 27 Emergency Healthcare Phys H 39182 Treasury Center Chicago IL 60694-9000</i>						
Account No: 9676			X	X		\$ 3,883.13
<i>Creditor # : 28 First Bankcard POB 2557 Omaha NE 68103-2557</i>						
Account No: 9927		2006-04-01	X	X		\$ 3,442.00
<i>Creditor # : 29 FnB Omaha 1620 Dodge St Omaha NE 68197</i>						
Account No: 9608		2005-09-01	X	X		\$ 86.00
<i>Creditor # : 30 Gemb/gap Po Box 981400 El Paso TX 79998</i>						
Account No: 2866			X	X		\$ 100.00
<i>Creditor # : 31 Good Samaritan Hospital P.O.Box 93548 Chicago IL 60673-1212</i>						

Sheet No. 6 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 7,519.13

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2489						\$ 210.77
<i>Creditor # : 32 Heights Dental 12500 S Harlem Palos Heights IL 60463</i>						
Account No:						\$ 0.00
<i>Creditor # : 33 HSBC Bank Nevada, N.A Bon-ton</i>						
Account No:						
<i>Representing: HSBC Bank Nevada, N.A</i>		<i>Bass & Associates 3936 E Fort Lowell Rd, ste 200 Tucson AZ 85712</i>				
Account No: 3861		2004-12-01	X	X		\$ 167.23
<i>Creditor # : 34 Hsbc/carsn Po Box 15521 Wilmington DE 19805</i>						
Account No: 3861						
<i>Representing: Hsbc/carsn</i>		<i>HSBC P.O.B 5244 Carol Stream IL 60197</i>				
Account No: 5477						\$ 1,334.00
<i>Creditor # : 35 ICS P.O. Box 1010 Tinley Park IL 60477</i>						

Sheet No. 7 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,712.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Amount of Claim		
			Contingent	Unliquidated	Disputed
Account No: 2845 <i>Creditor # : 36 IPC of Illinois P.O. Box 92934 Los Angeles CA 90009</i>		H--Husband W--Wife J--Joint C--Community	X	X	\$ 27.00
Account No: 9752 <i>Creditor # : 37 KCA Financial Services, Inc. 628 North Street Geneva IL 60134</i>			X	X	\$ 228.51
Account No: 0752 <i>Creditor # : 38 Kohls/chase N56 W 17000 Ridgewood Dr Menomonee Falls WI 53051</i>		1999-08-01	X	X	\$ 450.79
Account No: 0752 <i>Representing: Kohls/chase</i>		Telewire P.O. Box 2983 Milwaukee WI 53201-2983			
Account No: U000 <i>Creditor # : 39 Li Zhnag MD SC P.O. Box 5428 Woodridge IL 60517</i>					\$ 30.00
Account No: 5938 <i>Creditor # : 40 Malcom S. Gerald & Assoc., Inc. 332 S. Michigan Ave., Ste 600 Chicago IL 60604</i>			X	X	\$ 20.00

Sheet No. 8 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
					Disputed
Account No: 6142 <i>Creditor # : 41 Malcom S. Gerald & Assoc., Inc. 332 S. Michigan Ave., Ste 600 Chicago IL 60604</i>			X	X	\$ 218.08
Account No: 2830 <i>Creditor # : 42 Malcom S. Gerald & Assoc., Inc. 332 S. Michigan Ave., Ste 600 Chicago IL 60604</i>			X	X	\$ 20.00
Account No: 4630 <i>Creditor # : 43 Malcom S. Gerald & Assoc., Inc. 332 S. Michigan Ave., Ste 600 Chicago IL 60604</i>			X	X	\$ 10.15
Account No: 6998 <i>Creditor # : 44 Medl 02 Adventist Hi c/o 223 W. Jackson Blvd. Chicago IL 60606</i>		2007-01-02	X	X	\$ 55.00
Account No: 6998 <i>Representing: Medl 02 Adventist Hi</i>		MERCHANTS CR 223 W JACKSON ST CHICAGO IL 60606			
Account No: 3908 <i>Creditor # : 45 Medl Edward Hospital POB 4207 Carol Stream IL 60197</i>		2004-03-01	X	X	\$ 245.00
Sheet No. 9 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$		\$ 548.23
			Total \$		
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)					

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3908		MERCHANTS CR 223 W JACKSON ST CHICAGO IL 60606				
Representing: Med1 Edward Hospital						
Account No: 3908		Revenue Production Mgmt, Inc. POB 673775 Detroit MI 48267-3775				
Representing: Med1 Edward Hospital						
Account No: 2DV2		2004-08-12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$ 121.00
Creditor # : 46 Med1 Medical						
Account No: 2DV2		MED BUSI BUR 1460 RENAISSANCE D PARK RIDGE IL 60068				
Representing: Med1 Medical						
Account No: 2495		2004-03-01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$ 75.00
Creditor # : 47 Med1 Suburban Emg Sr						
Account No: 2495		DIVERSIFD CO 900 SOUTH HIGHWAY FENTON MO 63026				
Representing: Med1 Suburban Emg Sr						

Sheet No. 10 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 196.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
			H--Husband	W--Wife	J--Joint
Account No: 6594 <i>Creditor # : 48 Med1 Trace Ambulance 8400 W. 183rd Street Tinley Park IL 60477</i>		2003-01-01	X	X	\$ 690.00
Account No: 6594 <i>Representing: Med1 Trace Ambulance</i>		COLLECTION 700 LONGWATER DRIV NORWELL MA 02061			
Account No: 2001 <i>Creditor # : 49 Medical Recovery Spec., Inc 2250 E Devon Ave STE 352 Des Plaines IL 60018-4519</i>			X	X	\$ 1,464.00
Account No: 2001 <i>Representing: Medical Recovery Spec., Inc</i>		Mira Med Revenue Group 991 Oak Creek Elmhurst IL 60148-6408			
Account No: 0892 <i>Creditor # : 50 Merchants' Credit Guide Co. 223 W. Jackson Blvd Chicago IL 60606</i>			X	X	\$ 56.43
Account No: 0892 <i>Representing: Merchants' Credit Guide Co.</i>		Edward Hospital POB 4207 Carol Stream IL 60197			
Sheet No. <u>11</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$		\$ 2,210.43
			Total \$		
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)					

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim
					Disputed
Account No: 5297 <i>Creditor # : 51 Merchants' Credit Guide Co. 223 W. Jackson Blvd Chicago IL 60606</i>			X	X	\$ 10.15
Account No: 0155 <i>Creditor # : 52 Merchants' Credit Guide Co. 223 W. Jackson Blvd Chicago IL 60606</i>			X	X	\$ 717.92
Account No: 8181 <i>Creditor # : 53 Midwest Diagnostic Pathology 75 Remittance Dr Ste 3070 Chicago IL 60675</i>			X	X	\$ 130.00
Account No: 0490 <i>Creditor # : 54 N.w.m.f.f. POB 73690 Chicago IL 60673-7690</i>		2007-08-01	X	X	\$ 389.00
Account No: 0490 <i>Representing: N.w.m.f.f.</i>		ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487			
Account No: 0490 <i>Representing: N.w.m.f.f.</i>		MiraMed Revenue Group 991 Oak Creek Drive Lombard IL 60148-6408			
Sheet No. <u>12</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$		\$ 1,247.07
			Total \$		
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)					

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Amount of Claim		
			Contingent	Unliquidated	Disputed
	H--Husband W--Wife J--Joint C--Community				
Account No: 0490		Northwestern Med. Faculty Fdn Chicago IL 60678-1386			
Representing: N.w.m.f.f.					
Account No: 5477		2007-07-01	X	X	\$ 433.00
Creditor # : 55 N.w.m.f.f. POB 73690 Chicago IL 60673-7690					
Account No: 5477		ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487			
Representing: N.w.m.f.f.					
Account No: 5477		Mira Med Revenue Group 991 Oak Creek Drive Lombard IL 60148-6408			
Representing: N.w.m.f.f.					
Account No: 5477		Northwestern Med. Faculty Fdn Chicago IL 60678-1386			
Representing: N.w.m.f.f.					
Account No: 5478		2007-07-01	X	X	\$ 512.00
Creditor # : 56 N.w.m.f.f. POB 73690 Chicago IL 60673-7690					

Sheet No. 13 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 945.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Amount of Claim		
			Contingent	Unliquidated	Disputed
		H--Husband W--Wife J--Joint C--Community			
Account No: 5478		ILLINOIS COLLECTION SE 8231 185TH ST STE 100 TINLEY PARK IL 60487			
Representing: <i>N.w.m.f.f.</i>					
Account No: 5478		Mira Med Revenue Group Lombard IL 60148-6408			
Representing: <i>N.w.m.f.f.</i>					
Account No: 5478		Northwestern Med. Faculty Fdn Chicago IL 60678-1386			
Representing: <i>N.w.m.f.f.</i>					
Account No: 0516			X	X	\$ 150.00
Creditor # : 57 <i>Neuromed Clinic LLC 3S 517 Winfield RD, STE A Warrenville IL 60555-3159</i>					
Account No:			X	X	\$ 223.80
Creditor # : 58 <i>Newport News P.O. Box 659705 San Antonio TX 78265-9705</i>					
Account No: 8381			X	X	\$ 220.39
Creditor # : 59 <i>North American Credit Services POB 182221 Chattanooga TN 37422-7221</i>					

Sheet No. 14 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim	
			H--Husband	W--Wife	J--Joint	C--Community
Account No: 2228				X	X	\$ 63.29
<i>Creditor # : 60 North American Credit Services POB 182221 Chattanooga TN 37422-7221</i>						
Account No: cts.				X	X	\$ 200.00
<i>Creditor # : 61 North American Emerg Med 1254 Ogden Ave Downers Grove IL 60515</i>						
Account No: 2231						\$ 1,473.44
<i>Creditor # : 62 Northland Group P.O.B. 390905 Minneapolis MN 55439</i>						
Account No: 3446				X	X	\$ 148.40
<i>Creditor # : 63 Pain Specialists of Grter Chgo 39587 Treasury Center Chicago IL 60694-9000</i>						
Account No: 2633		2003-07-01		X	X	\$ 350.00
<i>Creditor # : 64 Palos Community Hosp 12251 S. 80th Avenue Palos Heights IL 60463</i>						
Account No: 2633		<i>NATIONWIDE CREDIT & CO 9919 W ROOSEVELT RD WESTCHESTER IL 60154</i>				
Sheet No. <u>15</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal \$		\$ 2,235.13	
			Total \$			

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Amount of Claim		
			Contingent	Unliquidated	Disputed
		H--Husband W--Wife J--Joint C--Community			
Account No: 3846			X	X	\$ 120.55
<i>Creditor # : 65 Pier One P.O. Box 15325 Wilmington DE 19886-5153</i>					
Account No:		7-19-08	X	X	\$ 0.00
<i>Creditor # : 66 Price, Grace G 2928 Roberts Dr #5 Woodridge IL 60517</i>					
Account No: 1301		2003-08-01	X	X	\$ 461.00
<i>Creditor # : 67 Procare Centers 1820 S. 25th Avenue Broadview IL 60155</i>					
Account No: 1301		ARMOR SYSTEMS CO 1700 KIEFER DR STE 1 ZION IL 60099			
<i>Representing: Procare Centers</i>					
Account No: 0265			X	X	\$ 21.90
<i>Creditor # : 68 Quest Diagnostics POB 64804 Baltimore MD 21264-4804</i>					
Account No: 3482					\$ 15.00
<i>Creditor # : 69 Radiological Center S</i>					

Sheet No. 16 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 618.45**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim	
			H--Husband	W--Wife	J--Joint	C--Community
Account No: 3482		<i>Medical Collections System 725 S Wells, Suite 700 Chicago IL 60607</i>				
<i>Representing: Radiological Center S</i>						
Account No: 1085		7-4-08	<i>X</i>	<i>X</i>	<i>Unknown</i>	
<i>Creditor # : 70 Rainford, Jeff 26864 W Locust Rd Channahon IL 60410</i>						
Account No: 6332			<i>X</i>	<i>X</i>	<i>\$ 180.99</i>	
<i>Creditor # : 71 Rehab Ins of Chicago c/o Pellettieri & Assoc, LTD POB 536 Linden MI 48451-05</i>						
Account No: READ			<i>X</i>	<i>X</i>	<i>\$ 16.10</i>	
<i>Creditor # : 72 Richard Ready, MD 777 Oakmont Lane, Suite 1600 Westmont IL 60559-5577</i>						
Account No: 5240			<i>X</i>	<i>X</i>	<i>\$ 118.00</i>	
<i>Creditor # : 73 Rush University Med. Center 23691 Network Place Chicago IL 60673-1212</i>						
Account No:			<i>X</i>	<i>X</i>	<i>Unknown</i>	
<i>Creditor # : 74 SBC (At&T) P.O.Box 930170 Dallas TX 75393-0170</i>						

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Amount of Claim		
			H--Husband	W--Wife	J--Joint	C--Community	Disputed
Account No:			X	X			<i>Unknown</i>
<i>Creditor # : 75 Steven Daube, D.O. 718 N. York Road Hinsdale IL 60521-8608</i>							
Account No: 8048		2002-06-01	X	X			\$ 487.31
<i>Creditor # : 76 Target Nb Po Box 673 Minneapolis MN 55440</i>							
Account No: 8048		<i>I.C. System 444 Highway 96 East P.O. Box 64398 Saint Paul MN 55164-0378</i>					
Account No: 8137		2002-05-01	X	X			\$ 1,145.00
<i>Creditor # : 77 Unvl/citi Po Box 6241 Sioux Falls SD 57117</i>							
Account No: 1085		7-4-08	X	X			<i>Unknown</i>
<i>Creditor # : 78 Vonder Heide, Michael 3096 Hillside Lane Darien IL 60561</i>							
Account No: 1591		6-10-08					\$ 519.50
<i>Creditor # : 79 Westmont Fire Depart P.O. Box 457 Wheeling IL 60090</i>							
Sheet No. <u>18</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal \$		\$ 2,151.81
					Total \$		

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules
and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

In re Julie A. Mills,

Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5066 <i>Creditor # : 80 Wfnnb/newport News 995 W 122nd Ave Westminster CO 80234</i>		2007-08-01	X			\$ 84.00
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 19 of 19 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$	\$ 84.00
Total \$	\$ 45,696.27

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Julie A. Mills

/ Debtor

Case No. _____

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<i>Keith & Joanne Johnson POB 532 Westmont IL 60559</i>	Contract Type: <i>Residential lease</i> Terms: <i>Expires 7/31/08</i> Beginning date: Debtor's Interest: Description: <i>Residential lease</i> Buyout Option:

In re Julie A. Mills

/ Debtor

Case No. _____

(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Julie A. Mills,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	Account Analyst	
Name of Employer	Liberty Chgo Suburban Newpaper	
How Long Employed		
Address of Employer		
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 2,392.00	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 2,392.00	\$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 492.94	\$ 0.00
b. Insurance	\$ 216.75	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 709.69	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,682.31	\$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify):	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify):	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,682.31	\$ 0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <u>1,682.31</u>	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re Julie A. Mills,
Debtor(s)

Case No. _____
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 815.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel	\$ 41.00
b. Water and sewer	\$ 0.00
c. Telephone	\$ 77.00
d. Other Cable tv	\$ 124.00
Other Tolls	\$ 5.00
3. Home maintenance (repairs and upkeep)	\$ 0.00
4. Food	\$ 250.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 0.00
7. Medical and dental expenses	\$ 125.00
8. Transportation (not including car payments)	\$ 288.50
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 50.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 25.00
b. Life	\$ 10.00
c. Health	\$ 0.00
d. Auto	\$ 113.00
e. Other	\$ 0.00
Other	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage) (Specify)	\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 0.00
b. Other:	\$ 0.00
c. Other:	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other: Family Gifts Other:	\$ 50.00 \$ 0.00 \$ 0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ 2,023.50
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 16 of Schedule I	\$ 1,682.31
b. Average monthly expenses from Line 18 above	\$ 2,023.50
c. Monthly net income (a. minus b.)	\$ (341.19)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re **Julie A. Mills**

Case No.
Chapter 7

/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 11,265.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 18,672.10	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	20		\$ 45,696.27	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 1,682.31
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,023.50
TOTAL		32	\$ 11,265.00	\$ 64,368.37	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re Julie A. Mills

Case No.
Chapter 7

/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 18,672.10
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 18,672.10

State the following:

Average Income (from Schedule I, Line 16)	\$ 1,682.31
Average Expenses (from Schedule J, Line 18)	\$ 2,023.50
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 18,672.10	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 45,696.27
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 45,696.27

In re Julie A. Mills

Debtor

Case No. _____

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 8/29/2008

Signature /s/ Julie A. Mills
Julie A. Mills

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:***Julie A. Mills***

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007 (m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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Year to date: 14,000.00	Wages
Last Year: 23,730.00	
Year before: 43,812.00	

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 08/29/2008

Signature /s/ Julie A. Mills
of Debtor

Date _____

Signature _____
of Joint Debtor
(if any)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re ***Julie A. Mills***Case No.
Chapter 7

 / Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.

I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.

I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<i>None</i>					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

Signature of Debtor(s)

Date: 08/29/2008Debtor: /s/ Julie A. Mills

Date: _____

Joint Debtor: _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Julie A. Mills*

Case No.
Chapter 7

/ Debtor

Attorney for Debtor: *Bernard P. Mulvaney Sr.*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 1,550.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 1,550.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 299.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *08/29/2008*

Respectfully submitted,

X /s/ Bernard P. Mulvaney Sr.
Attorney for Petitioner: *Bernard P. Mulvaney Sr.*
Bernard P. Mulvaney Sr., Ltd.
7001 West 127th Street #201
Palos Heights IL 60463

708-671-2000